

File Date:

07 C 7100
~~07 C 7110~~

Case No:

ATTACHMENT #

EXHIBIT

Exhibit C

TAB (DESCRIPTION)

EXHIBIT C

Limited Duty Job Offer Assignment



UNITED STATES POSTAL SERVICE LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: BENSON CYNTHIA
SSN: 318-54-5758
Job Title: DISTRIBUTION CLERK
Tour of Duty: P.T.F.
Graphical Location: O.E.D.

OWCP Claim#: 402007512
DOI: 8-1-01
Level/Step:
N/A Days Off: PTF (SUN)
Salary:
EFFECTIVE DATE: 2-27-03

SECTION 1:

USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90 DAYS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF
SWEEPING THE USPS (MATESON, IL 60443) PHONE. OBTAINING INFORMATION FOR CUSTOMER
LOBBY. SWEEPS (ASSISTING CUSTOMER W/ VACATION HOLD MAIL) IN BETWEEN STUDYING
MATESON/PLY FLD SCHEME, READING USPS MANUAL, SAFETY AWARENESS.

BASED ON MEDICAL DATED 2-25-03, THIS JOB WAS DEVELOPED TO CONFORM WITH THE
FOLLOWING PHYSICAL RESTRICTIONS.

WALKING N/A
KICKING N/A
LIFTING WEIGHT 25LB
CARRYING WEIGHT 25LB
STANDING N/A
SITTING N/A
CLIMBING N/A

SITTING N/A
LIFTING WEIGHT
PUSHING WEIGHT
BENDING N/A
CLIMBING HEIGHT N/A
DRIVING N/A

USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments must be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance with 5 CFR 80.507, this job offer must be returned to the ICCO within Two days of your receipt.

Under the provisions of the United States Code, Title 5, Section 8106(e), a partially disabled employee who either refuses to seek suitable work or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☐ I accept the above job offer.

Date

☐ I reject the above job offer.

Date

for refusal: EMPLOYEE DID NOT WANT TO SIGN
SHE WANTS TO TAKE THE LIMITED DUTY JOB
ASSIGNMENT TO HER DOCTOR.

Used By

Date Authorized

2. This Job Offer Assignment is...



UNITED STATES POSTAL SERVICE LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: BENSON CYNTHIA
SSN: 318-54-5758
Job Title: DISTRIBUTION CLERK
Tour of Duty: P.T.F.
Geographical Location: C.E.D.

OWCP Claim#: 402007312
DOI: 8-1-01
Level/Step:
NYS Days Off: PTF (SUN)
Salary:
EFFECTIVE DATE: 2-27-03

SECTION 1:

The USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90 DAYS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF
ANSWERING THE USPS (NATION, IL 60443) PHONE. OBTAINING INFORMATION FOR CUSTOMER
M. LOBBY. SWIRDS (ASSISTING CUSTOMER w/ VACATION HOLD MAIL) IN BETWEEN STUDYING
NATION/OLYMPIC STAFF, READING USPS MANUAL, SAFETY AWARENESS.

BASED ON MEDICAL DATED 2-25-03, THIS JOB WAS DEVELOPED TO CONFORM WITH THE
FOLLOWING PHYSICAL RESTRICTIONS.

STANDING N/A
WALKING N/A
CARRYING WEIGHT 25 LB
LIFTING WEIGHT 35 LB
PUSHING N/A
PULLING N/A

SITTING N/A
LIFTING WEIGHT
PUSHING WEIGHT
PULLING N/A
CLIMBING HEIGHT N/A
DRIVING N/A

USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance with 5 CFR 10.307, this job offer must be returned to the ICCO within Two days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☐ I accept the above job offer _____

Date

☐ I reject the above job offer _____

Date

In for refusal: EMPLOYEE DID NOT WANT TO SIGN, C. BENSON
WANTED TO WAIT UNTIL TOMORROW TO MAKE HER
DECISION. I (S.A. JACKSON - G.E.S.) INFORM HER SHE NEED
TO DECIDE AS OF THIS JOB OFFER.

Authorized By _____

Date Authorized _____

and Duty Job Offer Assignment-68



UNITED STATES POSTAL SERVICE LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: BENSON CYNTHIA
SSN: 518-54-5758
Job Title: DISTRIBUTION CLERK
Tour of Duty: P.T.F.
Geographical Location: O.E.O.

OWCP Claim#: 402007312
DOI: 8-1-01
Level/Step:
N/S Days Off: PTF (SUN)
Salary:
EFFECTIVE DATE: 2-27-03

SECTION 1:

be USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with a physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90 DAYS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR PHYSICAL DOCUMENTATION, THE (THIS JOB OFFER) CONSIST OF
ANSWERING THE USPS (NATIONWIDE 60443) PHONE. OBTAINING INFORMATION PER CUSTOMER
Lobby Sweeps (Assisting Customer w/ VASATION Hold Mail) IN BETWEEN STUDYING
STEPSON/OLYFED Scheme, Reading USPS MANUAL, SAFETY AWARENESS.

BASED ON MEDICAL DATED 2-25-03, THIS JOB WAS DEVELOPED TO CONFORM WITH THE
FOLLOWING PHYSICAL RESTRICTIONS.

WALKING N/A
LIFTING N/A
CARRYING WEIGHT 25LB
LIFTING WEIGHT 25LB
SITTING N/A
DRIVING

SITTING N/A
LIFTING WEIGHT
PUSHING WEIGHT
BENDING N/A
CLIMBING HEIGHT N/A
DRIVING N/A

As USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments must be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance with 5 CFR 16.507, this job offer must be returned to the ICCO within Two days of your receipt.

In accordance with United States Code, Title 5, Section 5106(e), a partially disabled employee who either refuses to seek suitable work or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

() I accept the above job offer

Cynthia D Benson 3/3/03

Date

() I reject the above job offer

Reason for refusal:

Date

Authorized By

Date Authorized

of Duty Job Offer & Compensation Form

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPEDIC

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2990 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/842-4800

☐ 8735 S. MERRICK LANE
 HOMETOWN, IL 60466
 708/425-1180

☐ 8201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 8831 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/239-8466

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-R/L	20800	
EMERGENCY	99059		SHORT ARM	29076		ASPIRATION MEDIUM-R/L	20805	
OFFICE VISIT (established)			LONG LEG	29354		ASPIRATION LARGE-R/L	20610	
LEVEL	9921		SHORT LEG	29435		TRIGGER POINT-R/L	20650	
COMPLIANCE	(9921) J-24		PLASTER(ROLLS)	A4880		CELESTONE	CC	J0794
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4890		KENLOG	CC	J0801
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT		11040
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL		20870
SECOND OPINION (IMR)			ELASTICS	50280		EX FIX REMOVAL		20880
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION		76140
IME	99480		WINDOW CAST	29730		SPECIAL REPORTS		90080
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL		98071
WITH PATIENT	99554		MINOR SURGERY			MEDICAL TESTIMONY		98075
W/O PATIENT	99559					FRACTURE CARE		
PHONE	9957					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT:

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

URGENCY: () SO () MS () AM DATE

PERATION:

Continue the work day
 no repetitive use of both hands
 () BRC () OLH () EPT

ANESTHESIA: TESTING:

DOCTOR'S SIGNATURE

NEXT APPOINTMENT: D 6:00 PM W 1 M 1 AS
 DATE: DAY: TIME: NEEDED

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
12/25/03	5:45A	CYNTHIA HENSON	F	.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGE
396092JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMT
58531	CYNTHIA	73 / 575-1933		
RECAP:	OVER 80	OVER 80	OVER 80	CURRENT
.00	.00	.00	.00	BALANCE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	310045758			
FROM DATE:	THRU DATE:	DIAGNOSTIC:		
JANUARY				



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: BENSON, CYNTHIA
 SSN: 58 54 5768
 Job Title: DISTRIBUTION CLERK
 Tour of Duty: OTF
 Geographical Location: C.F.O.

OWOP Claim#: 102007312

DOI: 8-1-01

Level/Step:

N/S Days Off: MTF (SUO)

Salary:

EFFECTIVE DATE: 5-19-03 (UPDATED)

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 50,60,90.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR PHYSICAL DOCUMENTATION, THE / THIS JOB OFFER CONSIST OF
THE FOLLOWING: ANSWERING THE USPS (MATESON, IL 60443) PHONE, OBTAINING
INFORMATION FOR CUSTOMER CALL, LOBBY SWEEPS (ASSISTING CUSTOMER W/ VACATION
HOLD MAIL (PARCEL PICK UP), STUDYING SCHEDULE / USPS MANUAL, SAFETY AWARDES.

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 5-12-03

STANDING NA
 WALKING NA
 CARRYING WEIGHT 25 LB
 PULLING WEIGHT 25 LB
 TWISTING NA
 REACHING

SITTING NA
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING NA
 CLIMBING HEIGHT NA

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the KCCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer.

Cynthia Benson 5/21/03
 Date

☐ I reject the above job offer.

Reason for refusal:

Date

DR. ROBERT M. KUFTUS, M.D.
 DR. DAVID SONNENBERG, M.D.
 DR. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

2850 E. WABASH SUITE 100
 CHICAGO, IL 60616
 312/849-4000

4735 S. MERRION LANE
 HOMETOWN, IL 60438
 708/428-1150

6201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/428-7787

A Midwest Combined
Orthopaedic
 SPECIALISTS

8831 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/288-6485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8820		LONG ARM	29085		ASPIRATION SMALL-AL	20800	
EMERGENCY	89058		SHORT ARM	29075		ASPIRATION MEDIUM-AL	20805	
OFFICE VISIT (established)			LONG LEG	29355		ASPIRATION LARGE-AL	20810	
LEVEL	8821		SHORT LEG	29425		TRIGGER POINT-AL	20550	
COMPLICATING	(8821) 1/24		PLASTER(ROLLS)	A4880		CELESTONE	CC	
SURGICAL FOLLOW-UP	88024		FIBERGLASS(ROLLS)	A4880		KENLOG	CC	
CONSULTATIONS DR.			UNNA BOOT	28580		DEBRIDEMENT		
LEVEL	8824		FINGER SPLINT	28180		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTIC	50280		EX FIX REMOVAL	20880	
LEVEL	8827		REMOVAL CAST	28705		X-RAY CONSULTATION	75140	
IME	88485		WINDOW CAST	28730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	99071	
WITH PATIENT	89354		MINOR SURGERY			MEDICAL TESTIMONY	95075	
W/O PATIENT	89358							
PHONE	8937							
						FRACTURE CARE		
						OTHER		
						SUPPLIES		

DIAGNOSIS: ()

INJURY: () SO () MO () AM DATE: _____
 LOCATION: _____

ISOTHERIA: _____ TESTING: _____

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____
 () NOT YET, ESTIMATED RETURN _____
 () LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

PDC-LEVEL _____ MMI AS OF _____
 () REGULAR DUTY, NO RESTRICTIONS AS OF _____

NEXT APPOINTMENT: _____ D _____ W _____ M _____ AS NEEDED
 DATE: _____ DAY: _____ TIME: _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
05/21/03	2:00P	CYNTHIA BENRON	F	.00
CHRG. SUP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
414605 JMS		BEVERLY OFFICE		TODAY'S PAYMENT
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 60	OVER 60	OVER 60	CURRENT
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY				



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: **BENSON CYNTHIA**
 SSN: **316-54-5756**
 Job Title: **PTF DISTRIBUTION CLERK**
 Tour of Duty:
 Geographical Location: **C.I.D**

OWCP Claim#: **102007512**
 DOI: **B-cl-cl**
 Level/Step:
 N/S Days Off: **PTF (SUN)**
 Salary:
 EFFECTIVE DATE: **8-13-03**

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30 DAYS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF THE FOLLOWING:

• ANSWERING THE PHONE (ASSISTING CUSTOMERS FOR CALL) LOBBY SERVICES (CUSTOMERS W/ ACTION MAIL).

WORKING THROUGH CASE (HURDLE TO HURDLE) AND U.S.M. (AS NEEDED). ASSIST WITH

RIFLING THROUGH DPS LETTER TRAYS AND STUDYING SCENE, READING USPS MANUAL & SAFETY AWARENESS

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 7-10-03

STANDING N/A
 WALKING N/A
 CARRYING WEIGHT 1.5 LBS
 PULLING WEIGHT 2.5 LBS
 TWISTING N/A
 REACHING

SITTING N/A
 LIFTING WEIGHT N/A
 PUSHING WEIGHT N/A
 BENDING N/A
 CLIMBING HEIGHT N/A

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the YCCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

() I accept the above job offer

() I reject the above job offer

Reason for refusal:

Date

Date



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: Penion Cynthia
 SSN: 96 34 5758
 Job Title: PTF AFT. CLERK
 Tour of Duty:
 Geographical Location: C.I.D

OWOP Claim#: 102007312
 DOI: AK 2 01
 Level/Step:
 NIS Days Off: PTV (SUM)
 Salary:
 EFFECTIVE DATE: 8-14-03

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR LATEST PHYSICAL LIMITATIONS / DOCUMENTATION. THE / THIS JOB OFFER
CONSIST OF THE FOLLOWING: ANSWER PHONE (ANSWER CUSTOMER RECALL) LARRY SWEETS
(CUSTOMER W/VACATION HOLD). IN BETWEEN STANDING MATRESSON / OLY REP SCHEME,
READING USPS MANUAL, SAFETY AWARENESS

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 7-18-03

STANDING N/A
 WALKING N/A
 CARRYING WEIGHT 2.5
 PULLING WEIGHT 2.5
 TWISTING N/A
 REACHING

SITTING N/A
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING N/A
 CLIMBING HEIGHT N/A

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICYO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

Cynthia Penion 8-14-03
 Date

☐ I reject the above job offer

Reason for refusal:

Date



John D. Sonnenberg, MD
D. Dick Nelson, MD
Michael G. Maday, MD
William A. Heller, MD
Stephen V. Parns, DPM
Michael C. Moran, MD
Jay M. Brooker, MD
Michelle A. Jaworski, MD
Garold R. Loftis, MD
(member)

Reconstructive Orthopedics
Fracture Management
Sports Medicine
Arthroscopy
Hand Surgery
Foot/Ankle Disorders

August 13, 2003

To Whom It May Concern,

Ms. Cynthia Benson is unable to perform any job duties that consist of working throw back case, UBBM and rifling through trays.

If you have any questions, please feel free to contact me.

Sincerely,

Jay M. Brooker M.D.
JMB/amo

3850 E. Wabash
Suite 100
Chicago, Illinois 60616
(312) 842-4000
Fax (312) 842-8690

8735 E. Meridian Lane
Morton, Illinois 60438
(708) 425-1190
Fax (708) 425-9494

5801 S. Willow Springs Rd.
Suite 340
La Grange, Illinois 60525
(708) 482-7767
Fax (708) 482-7988

Visit us on the web: www.midlandortho.com • E-mail: info@midlandortho.com

TOTAL P. 01

68

SECTION 1:

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY EVALUATION (DATED SEP 2004) THIS JOB OFFER CONSIST OF
ANSWERING THE USPS (60443) PHONE & OBTAINING INFORMATION AND CUSTOMER CALL,
LARRY SNEED (VACATION # 3849 SEP 2 WITHIN JOB LIMITATION), ASSIST W/ WRITING UP AND FINAL
NOTES, ASST W/ ROCKET AND ASSURANCES AND W/ (SHEILA) PENDING & GRANTING USPS MANUAL & SAFETY. ~~ADDITIONAL~~
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
AND BASED ON MEDICAL DATED 2-12-04

STANDING
WALKING
CARRYING WEIGHT
PULLING WEIGHT
TWISTING
REACHING

**SITTING
LIFTING WEIGHT
PUSHING WEIGHT
BENDING
CLIMBING HEIGHT**

Enter USFB operational needs may require a change in your pair of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by marking in the appropriate space below and return this job offer to the ICOD within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

☒ I reject the above job offer

Reason for return:

4J-17, November 1998 (68499-0798)

010-62675188

Patient Name: Cynthia Benson
 Patient Birthdate: 09/30/64

Number: 56631

9

FEBRUARY 12, 2004

If you refer to the notes from 8/05/03. Essentially the patient has been developing symptoms of numbness and tingling in the 4th and 5th digits despite modifications in her activity to protect her carpal tunnel. These modifications have been implemented. She has only been working 4 hour days but initially they had modified her duty and now they still have her doing repetitive keyboarding, repetitive throwing, repetitive lifting or repetitive grasping. As long as she continues to do this her symptoms will continue to be exacerbated. The reason that she is developing epicondylitis and ulnar nerve entrapment symptoms has to do with the fact that the patient now to spare her symptoms in her wrist is modifying the way that she is using her hand to involve repetitive movements involving the elbow and resting her elbow upon the table in order to avoid excessive motion of the wrist.

Unfortunately when she does this, it does create excessive friction at the ulnar nerve and is creating a neuropathy at this point as well. If she had a continuous modification of her duty to a window job where she is not doing repetitive throwing and keyboard entry, she would be able to perform full time duty. If she is shifted to full time duty in her previous occupation, she will very quickly end up with worsening of her symptoms of the requirement of surgery. The best way to have her produce a full-time employment would be to have her modify her activities completely and permanently. This involves no repetitive throwing, no repetitive lifting, no lifting over 10 pounds and very limited data entry to about 10 to 15% of her employment time.

Please also review the time period of 12/27/03 to 1/23/04. She has never been instructed to work more than 4 hour days at this point and therefore due to the fact that her employment is greater than 4 hour days, she has never had this duty modified thus far unless you are able to make these permanent modifications and thus if she is working under my recommendations of working 1/2 day, she should not be penalized for doing so.

Jay M. Brooker, M.D.
 signature mechanically affixed

JMB/ch
 cc: Department of Labor, Dale Schultz

**A member of... Combined
Orthopaedic
Specialists**

☐ 9837 S. WESTERN AVE.
CHICAGO, IL 60643
773/296-5498

FILE

~~CONFIDENTIAL - SECURITY INFORMATION~~

FAST CONSULT

RETURN TO WORK

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS ON

RESTRICTIONS

Not a 10 in the left hand side
Right hand side hand:

During very heavy rain, 15% of houses
were very heavily damaged.

REGULAR DUTY: NO RESTRICTIONS AS OF Feb 13 1946

() REGULAR DUTY: NO RESTRICTIONS AS ON

NEXT APPOINTMENT:

□

— W

44

人日

- NEEDED

DATE: _____

DAY

TIME

DOCTOR'S SIGNATURE

DOCTOR'S SIGNATURE _____ DATE: _____ DAY: _____ TIME: _____
 I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 5/12/07

PATIENT INFORMATION

ACCOUNT INFORMATION

slow-up

DATE	TIME	PATIENT	SEX: M / F	PRIOR BALANCE
02/12/04	2:15P	CYNTHIA	BENSON	F
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
462522 JMB		BEVERLY OFFICE	79.00	
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
55631	CYNTHIA	773 / 375-1933	00	
RECAP:	OVER 50	OVER 50	OVER 50	CURRENT
00	00	00	00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DDL	318545754/			
THRU DATE:		DIAGNOSIS:		

~~SECRET~~

COPY

~~SECRET~~

DATE _____

~~SECRET~~



National Reassessment Initiative Modified Assignment Offer Assessment Worksheet	Date: April 15, 2004
--	-----------------------------

For Use With Limited Duty Cases Only!

Note: Placing an individual in an administrative position, who can perform productive Operations work, requires District and Area approval.

Employee Name CYNTHIA BENSON	DOI 08/01/2001	SSN 318545758	OWCP Claim # 102007312
Office/Work Location (Name) MATTESON	Pay Loc 102	Date of Injury Employee Position Title DISTRIBUTION CLERK	
WORK HOURS:		OFF DAYS:	
LOCATION:		LEVEL/STEP:	
EFFECTIVE DATE:		SALARY:	
POSITION TITLE: (MODIFIED)		OCC CODE:	

Part 2 – Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

Job Duty/Task/Activity (Example) Letter Carrier/casing letters	Amount of Time 2 hours	LDC/OPN 21/722
--	----------------------------------	--------------------------

>		
>		
>		
>		
>		
>		
>		
>		
>		
>		

Avg Time Spent

Avg Time Spent

Lifting/Carrying		Walking	
Pushing/Pulling		Standing	
Bending		Sitting	
Stooping		Reaching Above Shoulder	
Kneeling		Driving	

Name of Supervisor/Manager Completing Worksheet

Office

Supervisor/Manager Signature

Phone

COMPLETE AND RETURN TO THE INJURY COMPENSATION CONTROL OFFICE WITHIN 24 HOURS OR FAX TO 708-583-8441



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: RENON CANTUA
 SSN: 318 54 5758
 Job Title: P.T.F.

Tour of Duty:
 Geographical Location:

OWCP Claim#: 102007912
 DOI: AUG 01 2004
 Level/Step:
 N/S Days Off: PTF (SUN)
 Salary:
 EFFECTIVE DATE: 5-12-04

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond \$66.90

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING PHONE (ANSWERING QUESTIONS PER CALL) LARRY SWEETS (CUSTOMER VOUCHER HAND) LOT / FAX DISPATCH (SUN 8125 EDD) W BETWEEN STUNTER SCHEMS & REMOVALS MANUAL & SEMI ADDRESS
 LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED AND BASED ON MEDICAL DATED 05-11-2004

STANDING NA
 WALKING NA
 CARRYING WEIGHT 10LBS
 PULLING WEIGHT 10LBS
 TWISTING NA
 REACHING

SITTING NA
 LIFTING WEIGHT 10LBS
 PUSHING WEIGHT
 BENDING NA
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by starting in the appropriate space below and return this job offer to the ICCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer Yuthua P. Benson 5/14/04
 Date

☐ I reject the above job offer

Reason for refusal:

Date

GERALD R. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.R.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
MICHELLE A. JAWORSKI, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2880 S. WABASH SUITE 100
CHICAGO, IL 60616
312/542-4900

☐ 8788 S. MERRION LANE
HOMETOWN, IL 60438
708/425-1150

☐ 5201 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/489-7787

☐ 8717 S. WESTERN AVE.
CHICAGO, IL 60646
773/236-5466

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9901		LONG ARM	29088		ASPIRATION SMALL-RL	20800	
EMERGENCY	99088		SHORT ARM	29076		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (FOLLOW-UP)			LONG LEG	29085		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-RL	20880	
COMPLICATING	(9921) 9924		PLASTER (W/ROLL)	A4580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS (W/ROLL)	A4590		KENELOR CC	J8801	
CONSULTATIONS DR.			UNNA BOOT	29480		DERMIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29128		PIN REMOVAL	20870	
SECOND OPINION (NEW)			ELASTICS	99280		EX PIN REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99438		WINDOW CAST	29720		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99554		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99558					FRACTURE CARE		
PHONE	9957					OTHER		
						SUPPLIES		

3540 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

URGERY: () 180 () 183 () 1AM DATE:

PERATION: () BRO () CLR () EPT

BETHRIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 5/11/04

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
05/11/04	10:00	CYNTHIA BENSON	F	75.00
CHRG. A/C NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
482574 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
35531	CYNTHIA	773 / 375-1933		
RECAP: .00 OVER 60 .00 OVER 60 .00 OVER 30 .00	CURRENT .00			
INSURANCE COMPANY	POLICY NUMBER	BALANCE DUE		
DUL	318549758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY \$				

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS: Mon work 8hrs-4

days on proper instructions

No restrictions on work

No lifting over 10 lbs

with (2) dominant arm

POC-LEVEL () AS OF 5/11/04

() REGULAR DUTY; NO RESTRICTIONS AS OF 5/11/04

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME: NEEDED



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-

68

Employee: BENSON CYNTHIA
 SSN: 318.54.3768
 Job Title: P.T.F
 Tour of Duty:
 Geographical Location:

OWCP Claim#: 102007912
 DOI: AUG 01 2001
 Level/Step:
 NIS Days Off: PTF (SUN)
 Salary:
 EFFECTIVE DATE: -

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond \$969.90

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING PHONE (ASSTING OUTSIDE PER CALL) LOBBY SWEEP (CUSTOMER VACATION HOLD) LOG / FAX DOOR GARMENT (SUN BUS STOP) IN BETWEEN STANDING SCHEME & REPLY (USPS MANUAL & SFTS ADDRESS)

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED AND BASED ON MEDICAL DATED 06/02/04

STANDING NA
 WALKING NA
 CARRYING WEIGHT 10LBS
 PULLING WEIGHT 10LBS
 TWISTING NA
 REACHING

SITTING NA
 LIFTING WEIGHT 10LBS
 PUSHING WEIGHT
 BENDING NA
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by stating in the appropriate space below and return this job offer to the ICCD within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

() I accept the above job offer _____ Date

() I reject the above job offer _____ Date

Reason for refusal: _____

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.R.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPAEDIC
SPECIALISTSA Member of Combined
Orthopaedic
SPECIALISTS

☐ 2880 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/843-4800

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60438
 708/485-1180

☐ 5801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 8717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/233-6488

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8820		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	88088		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
CASE MANAGEMENT			LONG LEG	29385		ASPIRATION LARGE-RL	20810	
LEVEL	8821		SHORT LEG	29425		TRIGGER POINT-RL	20820	
COMPLICATING	(8821) 24		PLASTER (ROLLS)	44580		CELESTONE	00	00704
SURGICAL FOLLOW-UP	89024		FIBERGLASS (ROLLS)	44590		KENELOG	00	00801
CHONDROPLASTIC DR.			UNNA BOOT	29580		DEBRIDEMENT		00840
LEVEL	8924		FINGER SPLINT	29130		PIN REMOVAL		20870
SECOND OPINION AND			ELASTICS	50280		EX FIX REMOVAL		20480
LEVEL	8927		REMOVAL CAST	29705		X-RAY CONSULTATION		70140
IME	89488		WINDOW CAST	29780		SPECIAL REPORTS		90080
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL		90071
WITH PATIENT	89354					MEDICAL TESTIMONY		90078
W/O PATIENT	89358							
PHONE	8937							
						FRACTURE CARE		
						OTHER		
						SUPPLIES		

3340 CARPAL TUNNEL SYNDROME

DIAGNOSIS: Cervical radiculopathy

URGENT: () RD () 24 () AM DATE: _____

OPERATION: _____

ESTHESIA: _____

TESTING: _____

DOCTOR'S SIGNATURE _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: _____

DATE OF INJURY: _____ FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

Limit same duty
But if possible, reduce work
patient needs to be able to
do light, cervical spine surgery

PDC-LEVEL _____ MMI AS OF _____

() REGULAR DUTY: NO RESTRICTIONS AS OF _____

NEXT APPOINTMENT: _____

DATE: _____

DAY: _____

TIME: _____

AS NEEDED

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX	PRIOR BALANCE
05/02/04	2:30P	CYNTHIA	F	75.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
487570 JMB		REUPLY OFFICE		TODAY'S PAYMENT
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
55531	CYNTHIA	773 / 375-1933		
RECAP:	OVER 60	OVER 60	CURRENT	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
ATC	318545738/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPAY				

Shannon gon
on 8/9/04 at 9:15m



UNITED STATES POSTAL SERVICE **LIMITED DUTY JOB OFFER ASSIGNMENT-** **68**

Employee: **BENSON CYNTHIA**
SSN: **318-54-5758**
Job Title: **P.T.F**
Tour of Duty:
Geographical Location:

OWOP Claim#: **102007812**
DOI: **AUG 01 2001**
Level/Step:
N/S Days Off: **PTF (SUN)**
Salary:
EFFECTIVE DATE: "

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 304, 90

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL
RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING
PHONE (ASSISTING CUSTOMERS PER CALL) LARRY SWEET (CUSTOMERS VACATION HELD)

LOG / PM LOGS (SUN 8:25 PM) W BETWEEN SUNDAY 8:25 PM & 1:00 PM (SUN) 8:25 AM
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
AND BASED ON MEDICAL DATED - 7/1/04

STANDING N/A
WALKING N/A
CARRYING WEIGHT 10LBS
PULLING WEIGHT 10LBS
TWISTING N/A
REACHING

SITTING N/A
LIFTING WEIGHT 10LBS
PUSHING WEIGHT
BENDING N/A
CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the PCDD within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(e), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☐ I accept the above job offer

Cynthia Benson 8/9/2004
Date

☐ I reject the above job offer

Reason for refusal:

Date



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: CYNTHIA BENSON

SSN: 5758

Job Title: PTF DIST CLERK

Tour of Duty:

Geographical Location:

OWOP Claim#: 102007312

DOI: AUG 01 2004

Level/Step:

N/S Days Off: ROTATING

Salary:

EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30-60-90 (10'S 04)

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION & YOUR LATEST RESTRICTIONS:
 THIS JOB OFFER WITH CONSULT OF THE FOLLOWING - ANSWERING PHONE (ASSIGNED CUSTOMER
 LOSSY SWEEP & 0125 DROP-SHIPMENT AND BEING A GARDNER LEAD ADVISOR (DIRECTING
 (USPS) WILL BE NEW ADDRESS (LOCAL CENTER) THE 2 DAYS CONSECUTIVE ARE UNWARRANTY (WILL MEET NAVAL CONSULT
 LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 9-03-04

STANDING
 WALKING
 CARRYING WEIGHT
 PULLING WEIGHT
 TWISTING
 REACHING

SITTING
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the (CCC) within five days of your receipt.

In accordance with United States Code, Title 5, Section 5 (06(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☐ I accept the above job offer

☒ I reject the above job offer Cynthia D Benson

Date

Date

Reason for refusal:

Following Doctor Order
for 2 consecutive days off

OK to go limited due
 to her job - must be
 2 consecutive days off
 No lifting/carrying
 at work due to
 medical condition
 signed
 [Signature]

MIDLAND ORTHOPEDIC ASSOCIATES

9717 So. WESTERN AVE.
 CHICAGO, IL 60643



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT

68

Employee: **CYNTHIA BENSON**
 SSN: **5758**
 Job Title: **PTF OUT CLERK**
 Tour of Duty:
 Geographical Location:

OWOP Claim#: **102-007312**
 DOI: **AUG 01 2001**
 Level/Step:
 N/A Days Off: **ROTATING**
 Salary:
 EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond **30-60-90 (10-304)**

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION & YOUR LATEST RESTRICTIONS
THIS JOB OFFER WILL CONSIST OF THE FOLLOWING: ANSWERING PHONE (ASSISTING CUSTOMER)
LEADY SUGGS & 0125 DEPARTMENT AND BEING A CUSTOMER SERVICE ADVISOR/DIRECTOR
WILL BE NEW ADHOC (LOCAL CENTER) THE 2 DAYS CLASSIFIED ARE UNWARRANTY (LOCAL CENTER)
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
AND BASED ON MEDICAL DATED 9-03-04

STANDING
 WALKING
 CARRYING WEIGHT
 PULLING WEIGHT
 TWISTING
 REACHING

SITTING
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer.

☐ I reject the above job offer.

Reason for refusal:

Following Doctor Order on
my Last Examination Day off

Date

Date

OK to do limited duty
40 hrs wk - must have
2 consecutive days of rest
no lifting/carrying use
of arms due to
carpal tunnel
syndrome

1998 (66492-9928)

05/20/01

MANHATTAN ORTHOPEDIC ASSOCIATES

9717 SO. WESTERN AVE.
 CHICAGO, IL 60643

9-804



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: CYNTHIA BENJONSSN: 5758Job Title: PTF CLERK

Tour of Duty:

Geographical Location:

OWOP Claim#: 102007312DOI: AUG 1 2001

Level/Step:

N/S Days Off: DTF

Salary:

EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond OCT 5 2004 OR 30 DAYS

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS). THIS
JOB OFFER CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (AUTOMATED POSTAL CENTER)
FOR A PERIOD OF 30 DAYS; LOBBY SWEEPS, 0125 DISPATCHING VEH & HELP CLEARING CARRIERS & PHONE
ALL LIMITED DUTY JOB ASSIGNMENT WHEN APPLICABLE.

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 9-03-04

STANDING
 WALKING
 CARRYING WEIGHT
 PULLING WEIGHT
 TWISTING
 REACHING

SITTING
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by stating in the appropriate space below and return this job offer to the ICCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

Cynthia D Benjon 9-15-04
 Date

☐ I reject the above job offer

Reason for refusal

Date

ZOOHYPODIDIC

**A Member of... Combined
Orthopaedic
SPECIALISTS**

☐ 6717 S. WESTERN AVE.
CHICAGO, IL 60646
773/380-5405

PRICE LIST (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
EVEL...	9920	_____	LONG ARM	29085	_____	ASPIRATION SMALL-PL	20800	_____
MERGENCY	99058	_____	SHORT ARM	29075	_____	ASPIRATION MEDIUM-PL	20805	_____
PRICE VISIT (established)		_____	LONG LEG	29835	_____	ASPIRATION LARGE-PL	20810	_____
EVEL	9921	_____	SHORT LEG	29425	_____	TRIGGER POINT-PL	20850	_____
COMPLICATING	(9921) - 24	_____	PLASTER (HOLLS)	A4580	_____	CELESTONE	CC	J0784
SURGICAL FOLLOW-UP	99024	_____	FIBERGLASS (HOLLS)	A4580	_____	KENNELS	CC	J8801
NECULATIONS DR.		_____	UNNA BOOT	29880	_____	DEBRIDEMENT		11040
VEL	9924	_____	FINGER SPLINT	29130	_____	PIN REMOVAL		20870
DOOR OPINION (NEW)		_____	ELASTIC	50880	_____	EX FIX REMOVAL		20880
VEL	9927	_____	REMOVAL CAST	29708	_____	X-RAY CONSULTATION		78140
E	99488	_____	WINDOW CAST	29780	_____	SPECIAL REPORTS		99080
HE MANAGEMENT		_____	WEDGE CAST	29770	_____	EDUCATIONAL		99071
TH PATIENT	99284	_____	MINOR SURGERY		_____	MEDICAL TESTIMONY		99076
3 PATIENT	99368	_____			_____	FRACTURE CARE	()
ONE	9937	_____			_____	OTHER	()
		_____			_____	SUPPLIES	()

~~SEVERE CARPAL TUNNEL SYNDROME~~

REV: ()SD ()23 ()AM DATE:
ACTION: _____

7-1081A: _____ TRUSTEE: _____

BY AUTHORIZING MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND BY AUTHORIZING THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN _____

✓ LIGHT DUTY ONLY AS OF 9/26/4

RESTRICTIONS: _____

04 00 00 1000 0000

40 hrs work

by a good 2-3 cm. or more

day on 7/10/19

DDO-LEVEL

REGULAR ENTRY NO. 100-1000000000

REGULAR DUTY, NO RESTRICTIONS AS OF _____

NEXT APPOINTMENT: _____ D _____ W _____ M _____ **AS NEEDED**
DATE: _____ DAY: _____ TIME: _____

IDENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
09/03/04	1145P	CYNTHIA	F	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
07743	IMB	RECEIVING OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 50	OVER 50	OVER 50	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER			BALANCE TYPE
DOL	319545758/			
FROM DATE	THRU DATE			
CDPAY \$				



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: CYNTHIA BENSON
 SSN: 5758
 Job Title: PTF CLERK
 Tour of Duty:
 Geographical Location:

OWOP Claim#: 102007312
 DOI: B.1.2001
 Level/Step:
 N/A Days Off: PTF
 Salary:
 EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS / 11-22-04 (N.D.V)

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS)
THIS JOB OFFER CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (AND PORTAL CENTER)
LOBBY SWEEP, P125 DOCUMENT, HELP CLEARING CARRIERS & PHONE SERVICE
AND READING USPS MAILING

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED OCT 20, 04

STANDING
 WALKING
 CARRYING WEIGHT
 PULLING WEIGHT
 TWISTING
 REACHING

SITTING
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the FOO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

Date

☐ I reject the above job offer

Date

Reason for refusal:

Patient Name: CYNTHIA HANSON

Account Number: 56631

P. 05/05

Patient Birthdate: 09/30/1964

Page 2

John D. Sennsberg, MD
 D. Dirk Nelson, MD
 Michael S. Keady, MD
 William A. Reilly, MD
 Stephen V. Paine, MD
 Michael C. Moran, MD
 Jay M. Brooker, MD
 Robert J. Strugala, MD
 Gerald F. Lofgren, MD
 (emeritus)

Patient Name: CYNTHIA HANSON

Account Number: 56631

Patient Birthdate: 09/30/1964

10/20/2004

Cynthia Hanson is here in follow up for her wrist. She is improved. As long as we continue with restrictions that I've recommended in the past, these continue to be permanent. They have not done that as of yet and she'll continue to need to follow up as long as they keep doing it in this way. So I will see her in a month.

JAY M. BROOKER, M.D.

Signature mechanically affirmed

JMB/r

11/05/2004

Ms. Hanson is here in follow up for her hands. Presently, she has been having pain in her elbow region. She has been developing tenderness and swelling over the medial epicondyle of the elbow. On exam, she has tenderness and obvious swelling over the medial epicondyle with pain with resisted flexion at the wrist. The repetitive movements that create her carpal tunnel syndrome can generate epicondylitis as well. I think she has had lateral epicondylitis in the past as well. Presently, she is doing too much repetitive flexion and is creating medial epicondylitis. She needs to keep her hand in a more neutral position. She can wear her tennis elbow brace over the medial aspect of her elbow. If things do not settle down, we may need to go down the road of needing injections or therapy.

JAY M. BROOKER, M.D.

Signature mechanically affirmed

JMB

MIDLAND ORTHOPEDIC ASSOCIATES, P.C.
 CHICAGO, IL

TOTAL 2 OF 2

JOHN D. SONNENBERG, M.D.
 DIRK NELSON, M.D.
 JOHANN G. MADAY, M.D.
 STEPHEN V. PERNS, D.D.M.
 JOHANN C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 ALY M. BROOKER, M.D.

MIDLEVEL

Combined
Orthopaedic
 SPECIALISTS

☐ 2820 S. WABASH BLVD. 120
 CHICAGO, IL 60616
 312/443-4800

☐ 5700 S. MERRION LANE
 HOMERIDGE, IL 60438
 708/443-1180

☐ 8801 E. WILLOW SPRINGS RD., #840
 LA GRANGE, IL 60525
 708/443-7767

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60648
 773/266-1400

WOUND VENT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8880		LONG ARM	28055		ASPIRATION SMALL-RL	20800	
EMERGENCY	8888		SHORT ARM	28078		ASPIRATION MEDIUM-RL	20855	
WOUND VENT (REPAIR)			LONG LEG	28088		ASPIRATION LARGE-RL	20810	
LEVEL	8821		SHORT LEG	28435		TRIGGER POINT-RL	20880	
COMPLICATING (8881)-24			PLASTER(ROLLS)	A4880		CELESTONE CO	J0704	
SURGICAL FOLLOW-UP	88084		FIBERGLASS(ROLLS)	A4880		KNEELOG CO	J8201	
CHLORAMPHENICOL DR.			UNNA BOOT	28860		DEBRIDEMENT	11040	
LEVEL	8884		FINGER SPLINT	28180		PIN REMOVAL	20870	
SECOND DRAGON (S&P)			ELASTICS	20280		EX FIX REMOVAL	20880	
LEVEL	8827		REMOVAL CAST	28706		X-RAY CONSULTATION	78140	
MR.	28488		WINDOW CAST	28730		SPECIAL REPORTS	28080	
WOUND MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	28071	
WITH PATIENT	28384		MAJOR SURGERY			MEDICAL TESTIMONY	28075	
NO PATIENT	28388							
PHONE	2837							

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT: RETURN TO WORK:

() NOT YET, ESTIMATED RETURN: () LIGHT DUTY ONLY AS OF:

RESTRICTIONS: () REGULAR DUTY; NO RESTRICTIONS AS OF:

POC LEVEL: MM AS OF:

DATE: 1/22/04 DAY: TIME: 2:45

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

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DATE: 10/20/04

PATIENT INFORMATION

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

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DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

DATE: 10/20/04

ACCOUNT INFORMATION

DATE	TIME	PATIENT	DOB: M/F	PRIOR BALANCE
10/20/04	2:45P	CYNTHIA BENSON	F.	116.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
513993 JMB		BEVERLY OFFICE		
ADCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 60	OVER 60	OVER 60	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318845758/	W P		

FROM DATE:

COPY: 0

THRU DATE:

DIAGNOSIS:



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: CYNTHIA BENSONSSN: 575BJob Title: PTF CLERK

Tour of Duty:

Geographical Location:

OWOP Claims: 102007312DOI: 8-1-2001

Level/Step:

N/A Days Off: PTF

Salary:

EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 90 DAYS / 12-29-04 (N.D.V)

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS)
THIS JOB OFFER CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (AUTO PORTAL CENTER)
LOBBY SWEEP, BUSE DEPARTMENT, HELP CLEARING CARRIERS & PHONE SERVICE
AND READING USPS MANUALS

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED 11-29-04

STANDING
 WALKING
 CARRYING WEIGHT
 PULLING WEIGHT
 TWISTING
 REACHING

SITTING
 LIFTING WEIGHT
 PUSHING WEIGHT
 BENDING
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by checking in the appropriate space below and return this job offer to the FCCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

Cynthia D Benson 12/7/04
 Date

☐ I reject the above job offer

Reason for refusal:

Date

Patient Birthdate: 09/30/1964

Account Number: 56631

P. M. / CO
Page 1

11/29/2006

Cynthia Benson is here in follow up for her medial epicondylitis in her hands. Basically the cause of the epicondylitis is the same repetitive activities that aggravated her carpal tunnel syndrome, repetitive flexion at the wrist. I'm going to have her undergo some therapy to help improve this situation and I will see her back in a month.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/r

12/29/2006

Cynthia Benson is here in follow up for her medial epicondylitis that is related to the carpal tunnel syndrome related to the repetitive activities that develop flexion at the wrist. She's only begun therapy last week and actually should improve with rest and therapy. Therapy alone does not seem to help thus far because she continues to do the same activities at work and we're going to stop that for a couple of weeks and see if we can get her to improve effectively. If I can't get it to settle down completely, I will also inject the area.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/r

01/12/2008

Cynthia Benson is here in follow up for her medial epicondylitis. She is improving but has not fully improved as of yet. I would recommend she complete the therapy and if she has not gotten full relief, I would also recommend I inject the area.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/r

WILLIAMSON ORTHOPEDIC ASSOCIATES, S.C.
CHICAGO, IL



UNITED STATES POSTAL SERVICE

LIMITED DUTY JOB OFFER ASSIGNMENT-68

Employee: **CYNTHIA BENSON**
 SSN: **5758**
 Job Title: **PTF CLERK**
 Tour of Duty:
 Geographical Location:

OWCP Claim#: **102007312**
 DOI: **AUG 1 2001**
 Level/Step:
 N/S Days Off:
 Salary:
 EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS OR NEXT DOCTOR VISIT

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

ALL WORK WILL BE WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION/RESTRICTIONS
ACCOUNTABLE CARE (KEYS, MISC, AND SIGNING OUT ACCOUNTABLE MAIL) LOBBY SWEEPS, CUSTOMER SERVICE ADVISOR
(AUTOMATED POSTAL CENTER), PHONE SERVICE, 8125 DROP SHIPMENT LOC/FAX, AND OTHER CLERK FUNCTIONS
WITHIN YOUR RESTRICTIONS.

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
 AND BASED ON MEDICAL DATED JAN 12 2005

STANDING -
 WALKING -
 CARRYING WEIGHT 10 LBS
 PULLING WEIGHT 10 LBS
 TWISTING -
 REACHING -

SITTING -
 LIFTING WEIGHT 10 LBS
 PUSHING WEIGHT -
 BENDING -
 CLIMBING HEIGHT -

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(e), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

() I accept the above job offer _____ Date

() I reject the above job offer _____ Date

Reason for refusal: _____



UNITED STATES POSTAL SERVICE **LIMITED DUTY JOB OFFER ASSIGNMENT-** **68**

Employee: **LYNTHIA BENSON**
 SSN: **3750**
 Job Title: **PTF CLERK**
 Type of Duty:
 Geographical Location:

OWOP Control: **102007312**
 DOI: **AUG 1 2001**
 Level/Step:
 US Days Off:
 Salary:
 EFFECTIVE DATE:

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS to NEW ORLEANS.

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

ALL WORK WILL BE WITHIN YOUR WORK CAPACITY (MEDICAL DOCUMENTATION) (PERMIT)
ASSIGNMENT (SEE MEDICAL DOCUMENTATION) LOBBY TENDERS, CUSTOMER SERVICE
ADVISOR, PHONE SERVICE, 9125 DROP SHUTTLE LOGISTICS, AND OTHER CLERK FUNCTIONS

WITHIN YOUR RESTRICTIONS:

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED
AND BASED ON MEDICAL DATED **JUN 12 2005**

STANDING -
 WALKING -
 CARRYING WEIGHT 140#
 PULLING WEIGHT 140#
 TWISTING -
 REACHING -

SITTING -
 LIFTING WEIGHT 140#
 PULLING WEIGHT -
 SERRING -
 CLIMBING HEIGHT -

Future USPS operations might require a change in your level of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. State indicates your decision to decline in the assignment once being and where this job offer is the KIDU within the time of your medical.

In accordance with United States Code, Title 5, Section 5505(c), a partially disabled employee who either refuses to work suitable work, or who refuses or neglects to work other suitable work is offered, is not entitled to compensation.

☒ I accept the above job offer

☐ I reject the above job offer

Reason for refusal:

MODIFIED JOB OFFER ASSIGNMENT			
Employee Name CYNTHIA BENSON	DOI 08/01/2001	SSN 318545758	OWCP Claim # 102007312
Office/Work Location (Name) MATTESON	Pay Loc 102	Date of Injury Employee Position Title DISTRIBUTION CLERK	
WORK HOURS:		OFF DAYS: Thurs. Fri. Sunday	
LOCATION:			
EFFECTIVE DATE: 08/05			
REASSIGNMENT POSITION TITLE: (MODIFIED)			
Part 2 - Job Assignment Identification			

Part 2 - Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

The duties of this modified assignment are listed below

Amount of Time LDC/OPN

[illegible]

Date:

Accepted

I reject the reassignment job offer. (EXPLAIN)

Employee's Signature:

Date: 9/18/05

Patient Name: CYNTHIA BENSON
 Patient Birthdate: 09/30/1964

Account Number: 56631

Page 3

02/02/2008

Cynthia Benson is here in follow up for her medial epicondylitis. Presently everything is recovering and is functioning nicely. She needs to continue with the following restrictions:

The patient will be allowed to do lifting up to 5 pounds. The patient should not do repetitive lifting involving lifting for more than 4 items without taking a rest which would involve at least a 15 minute rest. The patient is not allowed to repetitively grasp and reach overhead or in front of her to case mail due to the repetitive strain that this creates to the medial epicondyle on the rotator cuff region. The patient is not allowed to do any repetitive data entry with keyboard, is allowed to do occasional data entry involving typing that does not involve data of more than minimal information such as one or two sentences at a time. She should not be doing data entry that involves 100 to 200 words per minute for several hours at a time, occasional data entry for purpose of documentation at her work is o.k. to do. She is not allowed to do any repetitive lifting or jerking of the arms that involves heavier lifting than the mentioned weight. In terms of repetitive activity she should never do repetitive lifting as stated earlier. She should only do very low amounts for very short repetitions such as 4 times. She can perform the functions of a clerk or secretarial type person. I am only concerned about the repetitive activities involved in casing mail. My experience with other patients is that it generally exacerbates conditions that involve carpal tunnel syndrome or epicondylitis or impingement of the shoulder due to the fact that the casing mail involves several hours of repetitively moving mail from one position to the next at rapid pace and this is not something that the patient is capable of performing at all.

This should be permanently noted. It is not going to change. The remainder of her motions are intact. She can do gross and fine manipulation. She is simply not allowed to do repetitive activities as stated earlier that involve flexion, extension of the wrist, elbow and shoulder.

If you have any further questions, please feel free to contact me directly.

Cidentally please note that answering a telephone is not a repetitive activity and at this problem could simply be remedied if there was a great concern by giving her a corded headset that does not involve lifting a receiver. However, I do not feel that repetitive lifting a telephone 25 times a day is going to create a problem.

(M. BROOKER, M.D.

Signature mechanically affixed

/s/



UNITED STATES POSTAL SERVICE

PERMANENT MODIFIED ASSIGNMENT

Employee: CYNTHIA D. BENSON
 SSN: 318-64-6768
 Job Title: MODIFIED PTF CLERK
 Tour of Duty:
 Geographical Location: MATTESON POST OFFICE

OWCP Claim#: 10-2007312
 BCI: 08/01/01
 Level/Step: 08/0
 N/S Days Off:
 Salary: \$22.63 HOUR
 EFFECTIVE DATE: MAY 28, 2006

SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond MAY 28, 2006 (YEARLY).

DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

MODIFIED JOB ASSIGNMENT DESCRIPTION OF DUTIES:

Being a customer service advisor/lobby director you will stand in the lobby assisting customers with postal forms, postal information, retrieving hold mail and certified, and assisting customers by instructing and promoting the Auto Postal Center (APC). This does not include maintenance. You will keep the lobby furnished with forms and promote postal products for sale. You will keep postings and current events in the lobby updated, including bulletin boards and signage. You will complete \$125 drop shipments, scanning and documenting receipt, without lifting parcels. You can answer the telephones, seated or standing, taking messages, giving postal information and ~~posting and filling~~ stamps by fax orders. *Passports Services*

BASED ON MEDICAL DATED 04/15/06 FROM DR. JAY BROOKER, THIS JOB WAS DEVELOPED TO CONFORM WITH THE FOLLOWING PHYSICAL RESTRICTIONS.

STANDING	8 HRS	SITTING	8 HRS
WALKING	8 HRS	LIFTING WEIGHT	8 LB, 1-2 HRS
CARRYING WEIGHT	8 LB FOR 1-2 HRS	PUSHING WEIGHT	15 LB, 1-2 W/CART
PULLING WEIGHT	15 LB WITH CART 1-2 HRS	BENDING	4-6 HRS
TWISTING	4-6 HRS	CLIMBING HEIGHT	8 HRS
REACHING	1-2 HRS, NONE OVER SHOULDER		

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICCO within two days from the effective date of this limited duty assignment.

In accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

() I accept the above job offer

CYNTHIA D. BENSON

Date

() I reject the above job offer

CYNTHIA D. BENSON

Date

Reason for refusal:

Authorized By: CARMEN KIMBLE

Date Authorized: 05/24/06

Title: POSTMASTER

Patient Birthdate: 03/30/1961 Account Number: 81631

P.01/05

03/03/2005

Cynthia Benson is here in follow up for her epicondylitis. She is improved with the appropriate restrictions. They have not really allowed her to work that much. I feel that she could perform 30 to 40 hours a week of lighter work but I don't know that they're really offering that for her right now. I will see her back in about 2 weeks.

JAY M. BROCKNER, M.D.

Signature mechanically affixed

JMB/r

04/12/2005

I did a work capacity evaluation for Ms. Benson today which essentially gives her final restrictions as one to two hours of general reaching, no reaching over the shoulder, no repetitive movements of the wrist and elbow, no pushing, pulling or lifting more than 1 or 2 hours with a cart. She should only push or pull 15 pounds and she should lift only 8 pounds. She should be able to take breaks every 15 minutes for short periods of time up to 10 minutes and that should allow everything that may become inflamed to settle down. I will assess her at this point whenever she needs to.

JAY M. BROCKNER, M.D.

Signature mechanically affixed

JMB/r

06/10/2005

Cynthia Benson is here in follow up for her carpal tunnel syndrome and cubital tunnel syndrome of both hands. She is here for filing of paperwork to obtain permanent impairment rating. I did that and I will have her follow up as needed.

He was given a job offer that does not include the original restriction that she should have, two days consecutively off, to allow her symptoms to settle down. I feel that with nerve impingement at the carpal tunnel and the cubital tunnel of both hands, she would be better off if she were allowed to rest for two consecutive days to allow this to settle down. This is the only modification of the permanent duties that I would state would be necessary. Everything else that she has been offered

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
CHICAGO, IL



DATE: July 26, 2005

OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

PERMANENT

ASSIGNMENT

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location (Name) Matteson	Pay Loc	Date of Injury	Employee Position Title PTF Clerk
WORK HOURS: 8:00-5:00 8 hours per day	OFF DAYS: Sunday, Wed & Thurs		
LOCATION: Matteson Post Office			
EFFECTIVE DATE: 07-26-05 8-8-05			
REASSIGNMENT POSITION TITLE: (MODIFIED) Permanent Limited Duty Job Assignment			

Part 2 - Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 90 minutes sweeping mail, 2 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

The duties of this modified assignment are listed below Amount of Time LDC/OPN

Lobby Director/Customer Service Advisor - Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8125 drop shipments, scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout facility	8 hours	As Needed
Processing Stamps by Fax Orders	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director	8 hours	As Needed
Lobby Sales of OLRP Products	8 hours	As Needed
Coordinator for Lobby Beautification	8 hours	As Needed
Close-Out Accountables from Incoming Carriers	1-2 hours	As Needed

All within documented medical restrictions.

Lifting/Carrying	8lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	15 lbs 1-2W/Cart	Standing	8 hours
Bending/Stooping	4-5 Hours	Sitting	8 hours
Twisting	4-5 Hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	N/A	Driving	N/A
Climbing	8 hours	Simple grasping	intermittent within restrictions
Other	Employee will work Mon, Tues, and Fri 9:00-6:00pm Mon-Wed 1 hour lunch 3:00-4:00pm, Saturday, 7:30-3:30pm - 1 hour 11:30-12:00 lunch. Non-Schedule days Thurs, Friday and Sunday to meet restrictions.		

Supervisor's Signature: _____ POSTMASTER/MANAGER Date _____

I accept ☒ I reject the reassignment job offer. (EXPLAIN) _____Employee's Signature: Cynthia Benson Date: 8-24-2005
Original (For Copy) - Employee Copy - Injury Compensation Control Office Copy - Supervisor/Work Area

I certify that I received the original Offer of Modified Assignment:

Title: _____
(MODIFIED PS FORM 2499X).doc



DATE: August 24, 2005 8/24/2005

OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location (Name) Matteson	Pay Loc	Date of Injury	Employee Position Title PTF Clerk
WORK HOURS: 8 hrs Mon, Tues & Fri, 8 hr Sat		OFF DAYS: Sunday, Wed & Thurs	
LOCATION: Matteson Post Office			
EFFECTIVE DATE: 08/27/05			
REASSIGNMENT POSITION TITLE: (MODIFIED) Permanent Limited Duty Job Assignment			

Part 2 - Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

The duties of this modified assignment are listed below

Amount of Time

LDG/OPN

Lobby Director/Customer Service Advisor – Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8125 drop shipments, scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout facility	8 hours	As Needed
Processing Stamps by Fax Orders	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director	8 hours	As Needed
Lobby Sales of OLRP Products	8 hours	As Needed
Coordinator for Lobby Beautification	8 hours	As Needed
Other work related activities that within medical restrictions	8 hours	As Needed
All within documented medical restrictions.		
Lifting/Carrying	8lbs 1-2 hours	Walking
Pushing/Pulling	15 lbs 1-2W/Cart	Standing
Bending/Stooping	4-5 Hours	Sitting
Twisting	4-5 Hours	Reaching Above Shoulder
Kneeling	N/A	Driving
Climbing	8 hours	Simple grasping
Other	Employee will work Mon, Tues, and Fri 0800-0630pm Mon-Wed, 1 ½ hour lunch 2:00-3:30pm, Saturday, 7:00-3:30pm – 1/2 hour 11:00-1130 lunch. Non-schedule days Wed, Thurs and Sunday to meet restrictions.	

Supervisor's Signature: _____ POSTMASTER/MANAGER Date: _____

☒ I accept/ ☐ I reject the reassignment job offer: (EXPLAIN)

 Employee's Signature: Cynthia D. Benson Date: 8/24/05
 Original (Top Copy)-Employee Copy - Injury Compensation Control Office Copy-Supervisor/Work
I certify that I received the original Offer of Modified Assignment:
Initials: _____

(MODIFIED PS FORM 2480X).doc

Copy 8/24/05



DATE: November 3, 2006

OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007912
Office/Work Location Matteoson PO 80443	Pay Loc	Date of Injury	Employee Position Title PTF Clerk
POSITION: PTF Clerk		OFF DAYS: Sun, Wed, and Thurs	
START TIME: 9:00 am Mon, Tue, Fri 7:00 am Sat. (8 hours Mon, Tue, Fri & Sat)		LEAVE/PTES: NC	
EFFECTIVE DATE: 11/11/06		SALARY: NC	
REASSIGNMENT POSITION TITLE(MODIFIED) Permanent Limited Duty Job Assignment		GOC CODE:	

Part 2 - Job Assignment Identification

The duties of this modified assignment are listed below.

Customer Service Advisor-Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8126 Drop Shipment scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout the facility	8 hours	As Needed
Shuttle Maseant Priorities/Express to Tinley Park	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director and Lobby Director	8 hours	As Needed
Lobby Sales of OLRP products	8 hours	As Needed
Coordinator of Lobby beautification	8 hours	As Needed
Other work related activities that are within medical restrictions	8 hours	As Needed

The physical requirements to perform the above tasks are listed below.

The above modified assignment must be in accordance with the physical restrictions listed below based on medical documentation dated Medical Update Received on August 2007.

Lifting/Carrying	8 lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	15 lbs 1-2 hours w/cart	Standing	8 hours
Bending/Stooping	4-5 hours	Sitting	8 hours
Twisting	4-5 hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	4-5 hours	Drying	N/A
Climbing	N/A	Simple grasping	Within restrictions
Other	Employee will work Mon, Tue and Fri 9am to 6 pm with a 1 hour lunch 12:30-1:30 pm and Saturday 7:00 to 3:30 pm -1/2 hour lunch. Non scheduled days Wed and Thur.		

EMPLOYEE INFORMATION: This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these limitations. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or operations requirements. In the event that a revision is necessary, you will be provided a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer and return this job offer to a supervisor within five days of your receipt. No response will be considered a refusal. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the Employee & Labor Relations Manual, Part 540 and 20 CFR Part 10. If you have any questions regarding this matter, please contact the District Injury Compensation Office at 708-583-8441.

I accept/ I reject the reassignment job offer. (EXPLAIN)

Employee's Signature:

Date:



DATE: November 6, 2006

OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location Matteson PO 80443	Pay Loc	Date of Injury	Employee Position Title PTF Clerk
POSITION: PTF Clerk		OFF DAYS: Sun and Thurs	
START TIME: 9:00 am Mon-Wed & Fri, 7:00 am Sat. 8 hours p/day, 40 hours p/week		SCHEDULE: NO	
EFFECTIVE DATE: 11/11/06		STATUS: NO	
REASSIGNMENT POSITION TITLE(MODIFIED) Permanent Limited Duty Job Assignment		JOB CODE	

The duties of this modified assignment are listed below

Customer Service Advisor-Customer Assistance and Telephone Representative	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 6125 Drop Shipment scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout the facility	8 hours	As Needed
Shuttle Missent Priorities to Tinley Park; Deliver Express mail	4 hours	As Needed
Sorting and Casing PO Box mail	4 hours	As Needed
APC Director and Lobby Director	8 hours	As Needed
Window Clerk Services	8 hours	As Needed
Coordinator of Lobby beautification	8 hours	As Needed
Other work related activities that are within medical restrictions	8 hours	As Needed

The modified assignment must be in accordance with the physical restrictions listed below based on medical documentation dated Medical Update Records of August 2007.

Lifting/Carrying	8 lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	16 lbs 1-2 hours w/cart	Standing	8 hours
Bending/Sleeping	4-5 hours	Sitting	8 hours
Twisting	4-5 hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	4-5 hours	Driving	1-2 hours
Climbing	N/A	Simple grasping	Within restrictions
Other	Employee will work Mon-Wed and Fri 9am to 6 pm with a 1 hour lunch 12:30-1:30 pm and Saturday 7:00 to 3:30 pm -1/2 hour lunch. Non scheduled days Sat & Thur.		

EMPLOYEE INFORMATION: This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these limitations. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or operations requirements. In the event that a revision is necessary, you will be provided a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer and return this job offer to a supervisor within five days of your receipt. No response will be considered a refusal. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the Employee & Labor Relations Manual, Part 540 and 20 CFR Part 10. If you have any questions regarding this matter, please contact the District Injury Compensation Office at 708-583-8441.

I accept/ I reject the reassignment job offer: (EXPLAIN)

Employee's Signature:

Date:

I certify that I received the original Offer of Modified Assignment:

Initials:

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNE, D.P.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

A Member of Combined
Orthopaedic
 1766111111

☐ 3820 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/542-1500

☐ 8738 S. MERRION LANE
 HOMETOWN, IL 60438
 708/425-1150

☐ 8801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 8717 S. WESTERN AVE
 CHICAGO, IL 60648
 773/336-5486

OFFICE/CLINIC (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8000		LONG ARM	20065		ASPIRATION SMALL-RA	80800	
EMERGENCY	80065		SHORT ARM	20075		ASPIRATION MEDIUM-RA	80805	
OFFICE/CLINIC (RENEW)			LONG LEG	20355		ASPIRATION LARGE-RA	80810	
LEVEL	8081		SHORT LEG	20455		TRIGGER POINT-RA	80880	
COMPLICATING	(8081) 1-24		PLASTER(ROLLS)	A4890		CELESTONE	CC	80704
SURGICAL FOLLOWUP	80084		FIBERGLASS(ROLLS)	A4890		KENILOS	CC	80801
COMPLICATIONS DR			UNNA BOOT	80580		DEBRIDEMENT	11040	
LEVEL	80580		FINGER SPLINT	80120		PIN REMOVAL	80870	
EMERGENCY (NEW)			ELASTICS	80880		EX FOL REMOVAL	80880	
LEVEL	8087		REMOVAL CAST	20705		X-RAY CONSULTATION	78140	
IME	80455		WINDOW CAST	80730		SPECIAL REPORTS	80880	
CASE MANAGEMENT			WEDGE CAST	80770		EDUCATIONAL	80871	
WITH PATIENT	80854		MINOR SURGERY			MEDICAL TESTIMONY	80878	
W/O PATIENT	80859					FRACTURE CARE		
PHONE	8087					OTHER		
						SUPPLIES		

3048 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN _____

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

SURGERY () SD () JS () JAM DATE: _____

OPERATION: _____

ANESTHESIA: _____ TESTING: _____

X _____ DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE CARRIER TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X _____ DATE 11-20-06

PATIENT INFORMATION

ACCOUNT INFORMATION

Hand File

DATE	TIME	PATIENT	REMARKS
11/20/06	2:38P	CYNTHIA BENSON	F
CHRG. SUP NO.	DOCTOR	LOCATION	YOUR'S CHARGE
559233	THE	BEVERLY OFFICE	
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT
55631	CYNTHIA	773 / 375-1933	
RECAP:	OVER 50	OVER 50	CURRENT
INSURANCE COMPANY	POLICY NUMBER	OVER 50	BALANCE DUE
DCL	100489215/		

PT did not go for PMO results

EXHIBIT D

*Check Stub and
Request for or Notification of Absence Form*

The other hours Should be Sick leave

100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1

DATE 07-15-2005
00031510

*****AUTO** 3-DIGIT 606

SYNTHIA D BENSON
PO BOX 802913
CHICAGO IL 60680-2913

UNITED STATES POSTAL SERVICE		Request for or Notification of Absence											
Employee's Name (Last, First, MI.) Benson Cynthia D		Social Security No. 5758		Date Submitted 6/29/05		No. of Hours Requested 10 make 8		Schedule		PP		Year	
Installation (For PM leave, show day, date, and ZIP code) MA44csn IL 60443		N/S Day		Pay Loc #		DIA Code		From Date		Hour		Day	
Time of Call or Request		Scheduled Reporting Time 1:00 pm		Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date		Hour		Day		Initial	
Type of Absence		Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		Begin Work		Day		Initial	
<input type="checkbox"/> Annual		<input type="checkbox"/> For FMLA Leave (Certification reviewed)						Lunch-Out		Day		Initial	
<input type="checkbox"/> Carrier 701 Rule		<input type="checkbox"/> For GOP Leave (GAT on file)						Lunch-in		Day		Initial	
<input checked="" type="checkbox"/> LWOP (See reverse)		<input type="checkbox"/> For Advanced Sick Leave (1221 on file)						End Work		Day		Initial	
<input checked="" type="checkbox"/> Sick (See reverse)		<input type="checkbox"/> For Military Leave (Orders reviewed)						Total Hours		Day		Initial	
<input type="checkbox"/> Late		<input type="checkbox"/> For Court Leave (Summons reviewed)								Day		Initial	
<input type="checkbox"/> GOP		<input type="checkbox"/> For Higher Level (1723 on file)								Day		Initial	
<input type="checkbox"/> Other:		<input type="checkbox"/> Schema Training Testing, Qualifying (Move on file)								Day		Initial	
Remarks (Do not enter medical information) Doctor Appointments										Day		Initial	
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.													
Employee's Signature and Date Cynthia D Benson 6/29/05				Signature of Person Recording Absence and Date				Signature of Supervisor and Date Notified					
I certify that this is an Absence from Work (Return copy of signed report to employee)													
<input checked="" type="checkbox"/> Approved, not FMLA*				<input type="checkbox"/> Approved, FMLA (See Publication 71)				<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.					
<input type="checkbox"/> Disapproved (Give reason):								Signature of Supervisor and Date					
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date):								<input type="checkbox"/> Continued on Reverse					

PG Form 3971, April 2001 (Page 1 of 2)

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Leave Type (Information Only)		Time Code	Code	Leave Type
AL - FMLA	66/01	33		
AL - FMLA	66/02	38		
AL - FMLA - Part Day	66/03	36		
AL - FMLA - Full Day	66/04	37		
AL - FMLA - Full Day	66/05	38		
AL - FMLA - Full Day	66/06	39		
AL - FMLA - Full Day	66/07	40		
AL - FMLA - Full Day	66/08	41		
AL - FMLA - Full Day	66/09	42		
AL - FMLA - Full Day	66/10	43		
AL - FMLA - Full Day	66/11	44		
AL - FMLA - Full Day	66/12	45		
AL - FMLA - Full Day	66/13	46		
AL - FMLA - Full Day	66/14	47		
AL - FMLA - Full Day	66/15	48		
AL - FMLA - Full Day	66/16	49		
AL - FMLA - Full Day	66/17	50		
AL - FMLA - Full Day	66/18	51		
AL - FMLA - Full Day	66/19	52		
AL - FMLA - Full Day	66/20	53		
AL - FMLA - Full Day	66/21	54		
AL - FMLA - Full Day	66/22	55		
AL - FMLA - Full Day	66/23	56		
AL - FMLA - Full Day	66/24	57		
AL - FMLA - Full Day	66/25	58		
AL - FMLA - Full Day	66/26	59		
AL - FMLA - Full Day	66/27	60		
AL - FMLA - Full Day	66/28	61		
AL - FMLA - Full Day	66/29	62		
AL - FMLA - Full Day	66/30	63		
AL - FMLA - Full Day	66/31	64		
AL - FMLA - Full Day	66/32	65		
AL - FMLA - Full Day	66/33	66		
AL - FMLA - Full Day	66/34	67		
AL - FMLA - Full Day	66/35	68		
AL - FMLA - Full Day	66/36	69		
AL - FMLA - Full Day	66/37	70		
AL - FMLA - Full Day	66/38	71		
AL - FMLA - Full Day	66/39	72		
AL - FMLA - Full Day	66/40	73		
AL - FMLA - Full Day	66/41	74		
AL - FMLA - Full Day	66/42	75		
AL - FMLA - Full Day	66/43	76		
AL - FMLA - Full Day	66/44	77		
AL - FMLA - Full Day	66/45	78		
AL - FMLA - Full Day	66/46	79		
AL - FMLA - Full Day	66/47	80		
AL - FMLA - Full Day	66/48	81		
AL - FMLA - Full Day	66/49	82		
AL - FMLA - Full Day	66/50	83		
AL - FMLA - Full Day	66/51	84		
AL - FMLA - Full Day	66/52	85		
AL - FMLA - Full Day	66/53	86		
AL - FMLA - Full Day	66/54	87		
AL - FMLA - Full Day	66/55	88		
AL - FMLA - Full Day	66/56	89		
AL - FMLA - Full Day	66/57	90		
AL - FMLA - Full Day	66/58	91		
AL - FMLA - Full Day	66/59	92		
AL - FMLA - Full Day	66/60	93		
AL - FMLA - Full Day	66/61	94		
AL - FMLA - Full Day	66/62	95		
AL - FMLA - Full Day	66/63	96		
AL - FMLA - Full Day	66/64	97		
AL - FMLA - Full Day	66/65	98		
AL - FMLA - Full Day	66/66	99		
AL - FMLA - Full Day	66/67	00		
AL - FMLA - Full Day	66/68	01		
AL - FMLA - Full Day	66/69	02		
AL - FMLA - Full Day	66/70	03		
AL - FMLA - Full Day	66/71	04		
AL - FMLA - Full Day	66/72	05		
AL - FMLA - Full Day	66/73	06		
AL - FMLA - Full Day	66/74	07		
AL - FMLA - Full Day	66/75	08		
AL - FMLA - Full Day	66/76	09		
AL - FMLA - Full Day	66/77	10		
AL - FMLA - Full Day	66/78	11		
AL - FMLA - Full Day	66/79	12		
AL - FMLA - Full Day	66/80	13		
AL - FMLA - Full Day	66/81	14		
AL - FMLA - Full Day	66/82	15		
AL - FMLA - Full Day	66/83</			

EXHIBIT E

Memo from Carmen Kimble

7/30

Mary Barrocha
request Disability
Retirement Printout

(708) 563-7344

she can explain
process - Come

EXHIBIT F

Email from Dale Schultz

7418
-60443 Postmaster, II

Shannon SM

From: Schultz, Dale C - Bedford Park, IL
Sent: Wednesday, December 31, 2003 12:41 PM
To: -60443 Postmaster, II
Subject: PTF Hours

Hi Carmen:

I cannot find a way not to pay C. Benson for the period of 12/13/03 to 12/25/03. She is asking for 6 hours, when really she is entitled to 10 hours. I will verify she is short 6 hours.

Please work her at least 4.5 hours per day x 6 days which will give her 27 hours per week. I would hate to have to go back further if she asks for compensation because you work her 24 hours per week. Her job offer has her start time as 9 a.m. to 1 p.m. (4 hours per day). How can I argue with the Department of Labor when it is in print and her payroll journal supports this? If she is asking to leave early, support her request with 3871's and charge her time to code 59 so I can differentiate this time from non-scheduled hours in the future.

Sorry, but I can't deny her request for additional compensation because I have nothing to support my denial of her claim.

Dale